

<i>SERFF Tracking Number:</i>	<i>CSLI-127771710</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Citizens Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50112</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H20I Individual Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20I.000 Health - Vision</i>
<i>Product Name:</i>	<i>Individual NH Vision (PA 08 11)</i>		
<i>Project Name/Number:</i>	<i>Individual NH Vision/</i>		

Filing at a Glance

Company: Citizens Security Life Insurance Company

Product Name: Individual NH Vision (PA 08 11) SERFF Tr Num: CSLI-127771710 State: Arkansas

TOI: H20I Individual Health - Vision SERFF Status: Closed-Approved-Closed State Tr Num: 50112

Sub-TOI: H20I.000 Health - Vision Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Author: Rickie Bolduc Disposition Date: 10/27/2011

Date Submitted: 10/27/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual NH Vision

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/04/2009

Domicile Status Comments: Domicile approval is a similar product.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/27/2011

State Status Changed: 10/27/2011

Deemer Date:

Created By: Rickie Bolduc

Submitted By: Rickie Bolduc

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find an Individual Vision Insurance Program for your review and approval. This is a new policy form and will not replace any existing forms.

The policy is designed to provide Vision Insurance benefits to individual insureds in a Living Care Facility. Benefits include reimbursement of expenses incurred for Covered Vision Expenses, subject to any Benefit Frequency Limits and Co-payments as described in the Schedule of Covered Procedures. There is no limit to the Insured Person's choice of provider. The Policy reimburses the lesser of the provider's actual charge and the Allowed Amount. The Allowed Amount is the same for Participating and Non-Participating Providers.

SERFF Tracking Number: CSLI-127771710 State: Arkansas
Filing Company: Citizens Security Life Insurance Company State Tracking Number: 50112
Company Tracking Number:
TOI: H201 Individual Health - Vision Sub-TOI: H201.000 Health - Vision
Product Name: Individual NH Vision (PA 08 11)
Project Name/Number: Individual NH Vision/

It will be issued at all ages without individual underwriting requirements. It will be distributed to individuals using direct response marketing and through independent agents and brokers.

The application that will be used in conjunction with the Individual Vision Policy is form # AP 01 10 AR, which was approved in Arkansas 1/25/2010; SERFF #CSLI-126461188.

Also, I have enclosed an Outline of Coverage and an Actuarial Memorandum containing the premium rate.

Company and Contact

Filing Contact Information

Rickie Bolduc, Actarial Associate rbolduc@cslico.com
PO Box 436149 502-244-2431 [Phone]
Louisville, KY 40253-6149 502-244-2439 [FAX]

Filing Company Information

Citizens Security Life Insurance Company CoCode: 61921 State of Domicile: Kentucky
12910 Shelbyville Road, Suite 300 Group Code: 1310 Company Type: Life and Accident
and Health
PO Box 436149 Group Name: Citizens Financial State ID Number:
Group
Louisville, KY 40253-6149 FEIN Number: 61-0648389
(502) 244-2420 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Policy Form \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Citizens Security Life Insurance Company	\$50.00	10/27/2011	53240441

<i>SERFF Tracking Number:</i>	<i>CSLI-127771710</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H201 Individual Health - Vision</i>	<i>Sub-TOI:</i>	<i>H201.000 Health - Vision</i>
<i>Product Name:</i>	<i>Individual NH Vision (PA 08 11)</i>		
<i>Project Name/Number:</i>	<i>Individual NH Vision/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/27/2011	10/27/2011

SERFF Tracking Number:	CSLI-127771710	State:	Arkansas
Filing Company:	Citizens Security Life Insurance Company	State Tracking Number:	50112
Company Tracking Number:			
TOI:	H201 Individual Health - Vision	Sub-TOI:	H201.000 Health - Vision
Product Name:	Individual NH Vision (PA 08 11)		
Project Name/Number:	Individual NH Vision/		

Disposition

Disposition Date: 10/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Citizens Security Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: CSLI-127771710 State: Arkansas

Filing Company: Citizens Security Life Insurance Company State Tracking Number: 50112

Company Tracking Number:

TOI: H201 Individual Health - Vision Sub-TOI: H201.000 Health - Vision

Product Name: Individual NH Vision (PA 08 11)

Project Name/Number: Individual NH Vision/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Individual Vision Policy	Approved-Closed	Yes
Rate	PA 08 11 AR Rate Sheet	Approved-Closed	Yes

SERFF Tracking Number: CSLI-127771710 State: Arkansas

Filing Company: Citizens Security Life Insurance Company State Tracking Number: 50112

Company Tracking Number:

TOI: H201 Individual Health - Vision Sub-TOI: H201.000 Health - Vision

Product Name: Individual NH Vision (PA 08 11)

Project Name/Number: Individual NH Vision/

Form Schedule

Lead Form Number: PA 08 11 AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/27/2011	PA 08 11 AR	Policy/Cont Individual Vision ract/Fratern Policy al Certificate	Initial		46.500	Form PA 08 11 AR.pdf

Citizens Security Life Insurance Company

12910 Shelbyville Road, Suite 300, Louisville, KY 40243
Toll Free Telephone No: 1-800-843-7752

VISION INSURANCE POLICY

The Named Insured as shown in the Policy Schedule of Benefits will be referred to as "You", "Your" or "Yours". Citizens Security Life Insurance Company will be referred to as "We", "Our" or "Us".

IMPORTANT

This is a vision only policy. It does not pay benefits for loss from any other cause. The policy is a legal contract between You and Us.

CONSIDERATION

This policy is issued in consideration of the statements made in Your application and the payment of the premium shown in the Policy Schedule of Benefits. A copy of Your application is attached and is part of this policy. The following paragraphs set forth the insurance benefits, limitations and exclusions, definitions of terms, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY – FREE LOOK

It is important to Us that You are satisfied with this policy and that it meets Your insurance goals. If You are not satisfied, You may return it within 30 days after You receive it. You will receive a full refund of all premiums paid, and Your policy will be void from its effective date. If You return the policy, please send it to Citizens Security Life Insurance Company at 12910 Shelbyville Road, Suite 300, Louisville, KY 40243 and note in writing: "This policy is returned for cancellation and refund of premium."

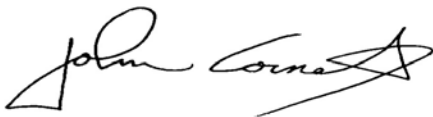
IMPORTANT NOTICE

Please read Your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete to the best of Your knowledge and belief. Carefully check the application. Write to Us within 30 days of the date You receive this policy if any information shown on it is not correct or complete. Incorrect information can result in the denial of a claim or termination of the policy. No duly licensed agent may change this policy or waive any of its provisions.

THIS POLICY IS OPTIONALLY RENEWABLE SUBJECT TO OUR RIGHT TO CHANGE PREMIUM RATES UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without Your consent. We may change the established premium rate effective on any renewal date. If the established premium rate changes, We will notify You in writing at Your last known address at least 30 days before the change becomes effective.

READ YOUR POLICY CAREFULLY. The Outline of Coverage provides only a brief description of some of the important features of your policy. The Outline of Coverage is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of You and Us. **IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY.**



President



Secretary

THIS IS A LIMITED POLICY---READ IT CAREFULLY

VISION INSURANCE POLICY

OPTIONALLY RENEWABLE

PREMIUMS ARE SUBJECT TO CHANGE ON ANY RENEWAL DATE

INDEX

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POLICY SCHEDULE OF BENEFITS

Named Insured: [\[John Doe\]](#)
Mode of Payment: [\[Monthly\]](#)
Policy Premiums: [\[\\$35.00\]](#)

Policy Number: [\[XXXXXXXX\]](#)
Policy Effective Date: [\[XX/XX/20XX\]](#)

Part 1
DEFINITIONS

- A. ALLOWED AMOUNT:** the amount set by Us as the maximum amount payable for a Covered Procedure.
- B. CO-PAYMENT:** the portion of a provider's charge for services that the insured must pay directly to the provider in order to receive services.
- C. COVERED PROCEDURE:** any procedure listed in the Schedule of Covered Procedures.
- D. IMMEDIATE FAMILY:** anyone related to You in the following manner: spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parents (includes stepparents); grandchildren; brother-in-law; sister-in-law; son-in-law; or daughter-in-law. Immediate Family members are not Insureds under this policy.
- E. INSURED:** a resident of a Living Care Facility who is insured under this policy as specified in the Policy Schedule of Benefits.
- F. LICENSED PROFESSIONAL:** refers to Ophthalmologists, Optometrists, and Opticians, each practicing within the scope of the respective license.
- G. LIVING CARE FACILITY:** means an extended care facility, assisted living facility, skilled nursing facility, rest home, convalescent home, convalescent hospital, home for the aged, or similar institution agreeing to permit vision services to be provided on its premises by a Participating Provider.
- H. NON-PARTICIPATING PROVIDER:** a Licensed Professional who has not entered into a Participating Provider Agreement with Us to provide Covered Procedures to an Insured.
- I. OPHTHALMOLOGIST (MD):** a legally qualified person, other than a member of Your Immediate Family, who is licensed by the state to provide the vision services for which a claim is made.
- J. OPTICIAN:** a legally qualified person, other than a member of Your Immediate Family, who is licensed by the state to provide the vision materials for which a claim is made.
- K. OPTOMETRIST (OD):** a legally qualified person, other than a member of Your Immediate Family, who is licensed by the state to provide the vision services for which a claim is made.
- L. PARTICIPATING PROVIDER:** a Licensed Professional who has entered into a Participating Provider Agreement with Us to provide Covered Procedures to an Insured.
- M. SCHEDULE OF COVERED PROCEDURES:** a listing of all Covered Procedures and the corresponding required co-payments.

Part 2
PREMIUMS AND RENEWABILITY

- A. PREMIUM DUE DATE:** The initial premium is due and payable on the Policy Effective Date, as shown in the Policy Schedule of Benefits. Subsequent premiums are due and payable on the first day of each renewal term.
- B. CHANGES IN PREMIUM RATES:** We have the right to change the premium rate on the following dates:
 - a. On any renewal date; or
 - b. The effective date of any change in benefits under the policy; or
 - c. On the effective date of any law or regulation that affects Our liability under the policy.

We will give you at least 30 days written notice prior to any change in premium rates.

- C. GRACE PERIOD:** Unless We have delivered to You, or have mailed to Your last address as shown by Our records, at least ninety (90) days prior to the premium due date a written notice of Our intention not to renew this policy beyond the period for which the premium has been accepted, a grace period of 31 days will be granted for the payment of each premium due after the initial premium. The policy shall continue in force during the grace period.

- D. FAILURE TO PAY PREMIUM WHEN DUE:** If a premium is not paid within the Grace Period, this Policy will terminate at the end of the last day for which Premium has been received.
- E. RETURN OF UNEARNED PREMIUM:** Upon cancellation of this policy, We will promptly return to you the unearned portion of any premium paid beyond the month in which the cancellation is effective. In the event of your death, We will refund any unearned premium to Your estate or assignee.
- F. RENEWABILITY:** We reserve the right to refuse renewal of this policy. Subject to the right to terminate the policy upon nonpayment of premium when due, such right to refuse renewal may not be exercised so as to take effect before the renewal date occurring on each policy anniversary (or in the case of lapse and reinstatement, at the renewal date occurring on each anniversary of the last reinstatement). Any refusal of renewal shall be without prejudice to any claim originating while the policy was in force.
- G. TERMINATION:** Coverage under this policy will end on the earliest of the following dates:
- The last day of the month in which You cease to be a resident of a Living Care Facility;
 - The last day of the last month for which a required premium is paid;
 - The premium due date following the expiration of the 90 day notice to You of Our intent to terminate; or
 - The premium due date following the expiration of Your 90 day notice to Us of Your intent to terminate.

Part 3

BENEFITS

- A. COVERED SERVICES:** This policy provides covered services for all procedures listed in the Schedule of Covered Procedures to the Insured specified in the Policy Schedule of Benefits.
- B. CO-PAYMENTS AND FREQUENCY LIMITS:** Covered services may be subject to co-payments, deductibles, maximums, or frequency limits as specified in the Schedule of Covered Procedures.
- C. OTHER COVERAGE:** If an Insured has other vision coverage in addition to this policy, under no circumstances shall total benefits for services exceed 100% of the provider's normal charge for such services.
- D. PARTICIPATING PROVIDERS:** All services covered under this policy may be provided by Participating Providers. Participating Providers have agreed to accept the Allowed Amount as full payment for Covered Procedures.
- E. NON-PARTICIPATING PROVIDERS:** All services covered under this policy may be provided by Non-Participating Providers. Non-Participating Providers may bill You for any excess of their charges for Covered Procedures over the Allowed Amount.
- F. DETERMINATION OF SERVICES:** All professional services to be performed shall be determined by the Licensed Professional and the Insured.
- G. ACTS OF PROVIDERS:** The Licensed Professionals furnishing services to You are independent contractors. We are not liable for the negligence, wrongful acts, or omissions by You or any other person, Licensed Professional, Living Care Facility, or Living Care Facility employee receiving or providing covered services.

Part 4

CLAIM PROVISIONS

- A. NOTICE OF CLAIM:** Notice of claim must be given to Us within sixty (60) days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of You or the beneficiary to Citizens Security Life Insurance Company, 12910 Shelbyville Road, Suite 300, Louisville, KY 40243, or to any authorized agent of Ours, with information sufficient to identify You, shall be deemed notice to Us. Notice of claim should include the name of the covered person and the policy number.

- B. CLAIM FORMS:** Upon Our receipt of a notice of claim, We will furnish to the claimant such forms as are usually furnished by Us for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.
- C. PROOF OF LOSS:** Proof of loss must be furnished to Us in case of claim for loss for which this policy provides payment within ninety (90) days after the termination of the period for which We are liable, and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.
- D. TIME OF PAYMENT OF CLAIMS:** Benefits payable under this policy will be paid within thirty (30) days of receipt of due written proof of the loss, or within three (3) business days of receipt of due proof of loss for claims submitted electronically.
- E. PAYMENT OF CLAIMS:** All benefits will be payable to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate or assignee.
- F. CLAIMS REVIEW PROCEDURE:** If a claim is denied in whole or in part, You or your authorized representative or a provider acting on your behalf, may request a review of the claim. The request must be in writing and must be made within sixty (60) days after the claim was denied. Send the request to Us. The request should contain any facts You consider important to the review. We will review the claims decision and send a response in writing within thirty (30) days. If the denial of benefits is confirmed, You will be told the reasons for the decision.

Part 5

LIMITATIONS AND EXCLUSIONS

- A.** This policy does not cover losses caused by or resulting from:
1. Any procedure or service not shown on the Schedule of Covered Procedures.
 2. Any charge in excess of the Allowed Amount.
 3. Services received before Your effective date.
 4. Services received after Your coverage terminates.
 5. Services performed by other than a Licensed Professional.
 6. Services that are not recommended by a Licensed Professional.
 7. Services received while outside the territorial limits of the United States.
 8. Any service that the Licensed Professional determines is not suitable to be rendered due to the patient's physical health, mental disability, or emotional instability.
 9. Services performed by a Licensed Professional who is a member of the covered person's Immediate Family.
 10. Any charge for a service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a felony; an intentionally self-inflicted injury or attempted suicide while sane or insane.
- B.** See the Schedule of Covered Procedures for all other specific frequency limits.

Part 6

MISCELLANEOUS PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements and attached papers, if any, is the entire contract of insurance. No change in the policy is valid until approved in writing by Our president or secretary. This approval must be noted on or attached hereto. No duly licensed agent may change this policy or waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two (2) years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for the policy shall be used to void the policy or to deny a claim for loss incurred commencing after the expiration of the two (2) year period.

- C. TERM:** The term of this policy begins at noon, standard time, at the place where You reside on the effective date shown in the Policy Schedule of Benefits. It ends at noon, the same standard time, on the first renewal date. Each renewal term ends at noon, the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of the policy is shown in the Policy Schedule of Benefits. An annual premium will maintain the policy in force for 12 months, semiannual for six months, quarterly for three months and monthly for one month.
- D. REINSTATEMENT:** If any renewal premium be not paid within the time granted the insured for payment, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy: provided, however, that if We or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated policy shall cover only loss resulting from accidental injury of a Covered Procedure as may be incurred after the date of reinstatement as may begin more than ten (10) days after such date. In all other respects You and We shall have the same rights thereunder as each had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.
- E. LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.
- F. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that on its effective date is in conflict with the statutes of the state in which the insured resides on such date or with any federal statutes is hereby amended to conform to the minimum requirements of such statutes.
- G. PHYSICAL EXAMINATIONS OR AUTOPSY:** We can have the Insured medically examined, at Our expense, while a claim is pending, as often as We deem reasonably necessary to determine the validity of a claim. We can also have an autopsy performed unless prohibited by law.

SCHEDULE OF COVERED PROCEDURES

SUBJECT TO THE APPLICABLE COINSURANCE, WAITING PERIOD LIMITS, AND FREQUENCY LIMITS, AND THE LIMITATIONS AND EXCLUSIONS SECTION OF THIS POLICY, WE WILL PROVIDE THE FOLLOWING BENEFITS FOR A COVERED PROCEDURE THAT OCCURS WHILE COVERAGE IS IN FORCE.

	Limits	We Pay*	You Pay*
Routine examination	(1)(a)	100%	0%
Frames	(1)(a)	100%	0%
Dispensing fee	(1)(a)	100%	0%
Single vision lenses	(1)(a)	100%	0%
Bifocal lenses	(1)(a)	100%	0%
Trifocal lenses	(1)(a)	100%	0%
Lenticular lenses	(1)(a)	100%	0%
Retinal photograph	(1)(a)	100%	0%

* Policy benefits are based on the lesser of the billed charges or the Allowed Amount.
A Non-Participating Provider may bill you for any excess of billed charges over the Allowed Amount.

Limit Codes:

- (1) Covered from the first day of the Policy Effective Date.
- (a) Once per year.

SERFF Tracking Number:	CSLI-127771710	State:	Arkansas
Filing Company:	Citizens Security Life Insurance Company	State Tracking Number:	50112
Company Tracking Number:			
TOI:	H201 Individual Health - Vision	Sub-TOI:	H201.000 Health - Vision
Product Name:	Individual NH Vision (PA 08 11)		
Project Name/Number:	Individual NH Vision/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Citizens Security Life Insurance Company	%	%				%	%

SERFF Tracking Number:	CSLI-127771710	State:	Arkansas
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TOI:	H201 Individual Health - Vision	Sub-TOI:	H201.000 Health - Vision
Product Name:	Individual NH Vision (PA 08 11)		
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 10/27/2011	PA 08 11 AR Rate Sheet	PA 08 11 AR	New		Rate Sheet PA 08 11 AR.pdf

CITIZENS SECURITY LIFE INSURANCE COMPANY
12910 Shelbyville Road, Suite 300
Louisville, KY 40243

Rate Sheet

Form Number: PA 08 11 AR

Policy Premium Rate: \$420.00 Annually

SERFF Tracking Number:	CSLI-127771710	State:	Arkansas
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TOI:	H201 Individual Health - Vision	Sub-TOI:	H201.000 Health - Vision
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Project Name/Number:	Individual NH Vision/		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/27/2011
Comments:		
Attachment:		
Readability Cert.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	10/27/2011
Comments:		
Application has been approved; SERFF # CSLI-126461188.		
Attachment:		
Form AP 01 10 AR.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	10/27/2011
Comments:		
Attachment:		
AR Actuarial Memo Vision CSL.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	10/27/2011
Comments:		
Attachment:		
Form AG PA 08 11 AR.pdf		

Citizens Security Life Insurance Company

12910 Shelbyville Road, Suite 300
Louisville, KY 40243

Readability Certification


I, John Cornett, President, Citizens Security Life Insurance Company,
hereby certify that
Form # PA 08 11 AR has a Flesch Scale readability score of 46.5.

I also certify, to the best of my knowledge and belief, the form is in
compliance with the statutes and regulations for simplified and
readability policy forms of the state for which it is being filed.

Signed for: Citizens Security Life Insurance Company

Date: October 26, 2011

By:



Title: President

Citizens Security Life Insurance Company

12910 Shelbyville Rd, Ste 300

Louisville, KY 40243

**LIVING CARE FACILITY RESIDENT
APPLICATION FOR INSURANCE****800-843-7752**

APPLICATION TYPE		FOR COMPANY USE ONLY			
<input type="checkbox"/> New Applicant. <input type="checkbox"/> Change.		Billing#.		Acct#.	
		Effective Date.			
COVERAGE REQUESTED	MONTHLY PREMIUM	Dental Plan.			
<input type="checkbox"/> Dental.	\$ _____	Vision Plan.			
<input type="checkbox"/> Vision.	\$ _____	PID.			
APPLICANT INFORMATION					
Last Name.		First Name.		M.I.	
				Social Security #:	
Sex. <input type="checkbox"/> Male. <input type="checkbox"/> Female.		Date of Birth: (mm/dd/yyyy). / /			Medicaid #: (if applicable).
LEGAL REPRESENTATIVE (IF OTHER THAN THE APPLICANT IS SIGNING THIS APPLICATION)					
Last Name.		First Name.		M.I.	
Address.		City.		State.	Zip Code.
Phone #: ()		E-mail.			
FACILITY WHERE APPLICANT RESIDES					
Name.					
Address.					
AUTHORIZATION					
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.					
I understand that coverage will not be effective until this application and the applicable premium has been received and accepted and the policy has been issued by the Company.					
This application or a copy is also my request and authorization for necessary diagnostic and preventive treatment as well as any necessary repair or adjustment of prosthodontics.					
Applicant/Legal Representative Signature.				Date.	
Agent Name/Number.		Agent Signature.		Date.	

Citizens Security Life Insurance Company

12910 Shelbyville Road, Ste. 300 · Louisville, KY 40243 · Toll Free 800-843-7752

VISION INSURANCE POLICY – Form PA 08 11 AR

OUTLINE OF COVERAGE

READ YOUR POLICY CAREFULLY - This outline of coverage provides only a brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Citizens Security Life Insurance Company. **IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.**

Vision Expense Coverage ONLY – The policy only provides coverage for vision expenses as listed in the Schedule of Covered Procedures. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses due to sickness.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY

SCHEDULE OF COVERED PROCEDURES

SUBJECT TO THE APPLICABLE COINSURANCE, WAITING PERIOD LIMITS, AND FREQUENCY LIMITS, AND THE LIMITATIONS AND EXCLUSIONS SECTION OF THIS POLICY, WE WILL PROVIDE THE FOLLOWING BENEFITS FOR A COVERED PROCEDURE THAT OCCURS WHILE COVERAGE IS IN FORCE.

	Limits	We Pay*	You Pay*
Routine examination	(1)(a)	100%	0%
Frames	(1)(a)	100%	0%
Dispensing fee	(1)(a)	100%	0%
Single vision lenses	(1)(a)	100%	0%
Bifocal lenses	(1)(a)	100%	0%
Trifocal lenses	(1)(a)	100%	0%
Lenticular lenses	(1)(a)	100%	0%
Retinal photograph	(1)(a)	100%	0%

* Policy benefits are based on the lesser of the billed charges or the Allowed Amount.
A Non-Participating Provider may bill you for any excess of billed charges over the Allowed Amount.

Limit Codes:

- (1) Covered from the first day of the Policy Effective Date.
(a) Once per year.

LIMITATIONS AND EXCLUSIONS

- A. This policy does not cover losses caused by or resulting from:
1. Any procedure or service not shown on the Schedule of Covered Procedures.
 2. Any charge in excess of the Allowed Amount.
 3. Services received before Your effective date.
 4. Services received after Your coverage terminates.
 5. Services performed by other than a Licensed Professional.
 6. Services that are not recommended by a Licensed Professional.
 7. Services received while outside the territorial limits of the United States.
 8. Any service that the Licensed Professional determines is not suitable to be rendered due to the patient's physical health, mental disability, or emotional instability.
 9. Services performed by a Licensed Professional who is a member of the covered person's Immediate Family.
 10. Any charge for a service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a felony; an intentionally self-inflicted injury or attempted suicide while sane or insane.
- B. See the Schedule of Covered Procedures for all other specific frequency limits.

RENEWABILITY

This policy is optionally renewable subject to our right to decline coverage on any individual and change premium rates upon any renewal date.

We reserve the right to refuse renewal of this policy. Subject to the right to terminate the policy upon nonpayment of premium when due, such right to refuse renewal may not be exercised so as to take effect before the renewal date occurring on each policy anniversary (or in the case of lapse and reinstatement, at the renewal date occurring on each anniversary of the last reinstatement). Any refusal of renewal shall be without prejudice to any claim originating while the policy was in force.

PREMIUMS ARE SUBJECT TO CHANGE ON ANY RENEWAL DATE.

*This **Outline of Coverage** is presented as a matter of general information only and the contents are not to be accepted nor construed as a substitute for the provisions of the policy.*

*This is **not** the insurance contract and only the actual policy provisions will control.*